



Healthy Kids, Healthy Michigan

Advocates for Healthy Weight in Children

2012 Policy Priorities

Education Policy Action Team (EPAT)

Obesity Prevention in Schools: Advocate for policies that prevent obesity utilizing the coordinated school health model, with emphasis on physical education, health education, comprehensive school physical activity programs and nutrition standards.

To address obesity prevention in the school setting EPAT advocates for legislation that will ensure that all Michigan schools provide students with a quality education in health and physical education within a school environment in which predominantly healthy foods are sold and offered, physical activity is incorporated into the school environment and all such programs are provided under the oversight of a district-level coordinated school health council.

While many school districts have groups that address school health there are varying levels of structure to these groups or teams. Identifying who should participate along with requiring an annual action plan will render these councils far more effective. In 2012 EPAT will renew efforts to introduce legislation requiring district-level Coordinated School Health Councils (CSHCs) while also collaborating with the Michigan Department of Education (MDE) to ensure that schools are aware that technical assistance is available for drafting, implementing, and evaluating plans once the legislation is enacted.

Michigan has the necessary tools to support schools implementing quality health and physical education, with quality curricula developed in the state and support available at the regional and state level. However, the lack of guidelines for schools has created a wide variance in the quality of the health and physical education students receive. In 2012 EPAT will continue to advocate for specific guidelines for grades K-8 required through legislation, to ensure that all Michigan students learn the skills necessary to make healthy choices and create healthy habits that will last into adulthood.

To support learning in the classroom EPAT will advocate for legislation requiring the implementation of both nutrition standards and Comprehensive School Physical Activity Programs (CSPAPs) in all Michigan schools. Nutrition standards will ensure that students and staff have predominantly healthy food available to them at all times and in all school venues. In 2012 EPAT will advocate for legislative requirements that Michigan schools adopt the Michigan Nutrition Standards previously adopted by the State Board of Education. In 2012 EPAT will also advocate for legislation that requires daily opportunities for students and staff to be active before, during, and after-school through CSPAPs that incorporate quality physical education but also ensure that students meet the recommended 60 minutes of daily of physical activity. EPAT will also continue to collaborate with MDE to ensure that schools are aware of the technical assistance and resources available for implementation of nutrition standards and CSPAPs.



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Health, Family and Childcare Services Policy Action Team (HPAT)

Body Mass Index (BMI) in the Michigan Care Improvement Registry (MCIR): Finalize programming of height, weight, and BMI capabilities to the MCIR through a change to the governing administrative rules that allows voluntary use by health care providers.

The goal of HPAT over the last several years has been to develop a statewide system to monitor BMI that would be integrated with the state's current system, the MCIR. HPAT modified the governing statutes and regulations to facilitate providers reporting of children's height and weight data and improvement of obesity-related quality of care. HPAT will prepare communication strategies to roll out the MCIR BMI Growth Module statewide.

Child Care Obesity Prevention Regulations: *Advance policies to improve nutrition standards, increase the required daily physical activity and limit screen time in child care settings.*

In 2012, HPAT will focus on revising the 2009 *Licensing Rules for Family and Group Child Care Homes*, currently enforced in approximately 7,200 licensed family and group child care homes in Michigan. Policy changes will specifically focus on obesity prevention in an attempt to bring Michigan child care policies in line with national standards that represent the best evidence, expertise, and experience in the country. HPAT will continue to champion policy work begun in 2010 - revisions of the 2008 *Licensing Rules for Child Care Centers*, currently enforced in approximately 4,500 licensed child care centers.

Obesity Prevention Starts in Infancy: Advance policy to create environments where women who choose to breastfeed are able to meet their breastfeeding goals and barriers to breastfeeding are reduced resulting in increased initiation, duration and exclusivity breastfeeding rates.

The goal of HPAT is for legislation and policies to be introduced to improve breastfeeding outcomes in the State of Michigan. The legislation and policies will be directed toward many sectors, including government, health care providers, health benefit plans and educational institutions. In an effort to make breastfeeding the norm and provide optimal nutrition for our children, this multi-pronged approach will be instrumental in achieving improved breastfeeding rates and reducing social, structural and environmental barriers to breastfeeding in Michigan.

Community Policy Action Team (CPAT)

Michigan Complete Streets & Safe Routes to School and School Transportation and Infrastructure Management: *Supporting state and local Complete Streets policy change, and encouraging active transportation throughout school transportation and facility management decisions.*

Often, community design, transportation infrastructure, and man-made land use (i.e. the built environment) make it difficult to integrate physical activity into a daily routine by walking or biking to get to work or school, run errands, or reach a variety of other destinations. To encourage children and families to be physically active, it is essential that the built environment offer opportunities for active transportation and physical activity. In 2010, Complete Streets legislation was passed that supports this goal. In 2012, the CPAT will continue to focus on changing the fabric of Michigan communities and create places that support physical activity by

- supporting Complete Streets policy at the state and local level through training and resources;
- assisting the Complete Streets Advisory Council;



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- supporting the Vulnerable Roadway Users bills (HBs 4685 & 4686) that enhance penalties for reckless drivers who injure or kill a bicyclist, pedestrian or assistive device user;
- improving bicyclist and pedestrian safety by enhancing Michigan's driver's education curriculum and other resource materials to include more information on sharing roadways with bicyclists and pedestrians;
- and advancing policy that enables school districts and local communities to consider active transportation when making school transportation and infrastructure management decisions such as siting, closure, and consolidation of school facilities.

Access to Healthy Food: Advance policy to create environments where children have access to healthy food.

A healthy diet includes appropriate portion sizes of a variety of different foods (vegetables, whole grains, fruits, dairy products, legumes, lean meats, poultry and fish and enough fluids like water). A healthy diet reduces the risk for obesity and chronic diseases such as heart disease, stroke, and diabetes. Healthy foods are usually fresh or minimally processed foods, naturally dense in nutrients, that when eaten in moderation and in combination with other foods, sustain growth, repair and maintain vital processes, promote longevity, reduce disease, and strengthen and maintain the body and its functions.

Many people in Michigan are constrained in their ability to access affordable healthy food because they live far from a supermarket or large grocery store and do not have easy access to transportation. Urban core areas with limited food access are often characterized by higher levels of racial segregation and greater income inequality. In rural areas, many small towns no longer have their own grocery store and the lack of transportation infrastructure further limits food access.

Access to affordable healthy food depends on supply (availability) and consumer demand. Consumer behavior, preferences, and other factors related to the demand for some foods may account for differences in the types of foods offered across different areas.

To support the creation of environments where children have access to healthy food, the CPAT Healthy Food Access Workgroup will investigate options to improve access and will advocate for legislation designed to best address this issue in 2012.